

2.0 ELIGIBILITY/CERTIFICATION*Effective Date: 02/25/2014***2.13 Nutritional Risk Determination**

PURPOSE: To maintain a consistent and equitable method for risk determination as part of the nutrition/health assessment.

A. POLICY

1. A Competent Professional Authority (CPA) of the local agency shall determine the nature of a person's nutritional risk as part of the health/nutrition assessment at each certification, recertification, infant/child evaluation (IEVAL, CEVAL), and at any appointment when appropriate (e.g., a change in medical condition that requires a class III formula). (See Policy 1.07 Local Agency Staffing)
2. The local agency shall use the same procedure to screen all applicants to maintain a consistent and equitable method for risk determination, including issues listed on the Client Assessment Reference (CAR) Tool. (See Exhibit Client Assessment Reference Tool.)
3. A client's health/medical and diet history shall be reviewed and discussed with the client or authorized person.
4. Risk criteria designation shall include all applicable risk factors as determined by the CPA or Registered Dietitian (R.D.). (See 2.13A Michigan Risks or MI-WIC Risk Help.) Risk criteria determination shall include:
 - a. Anthropometric data: length or stature, weight, head circumference (under 2 years of age) on the appropriate age and sex growth chart or prenatal weight gain grid (100 series risks). (See Policy 2.15, Anthropometric Risk Determination.)
 - b. Biochemical/hematological data: hematocrit or hemoglobin, or other lab values as appropriate (200 series risks). (See Policy 2.16 Hematological Risk Determination.)
 - c. Clinical/health/medical data (300 series risks.)
 - d. Dietary assessment (400 series risks.)
 - e. Other (500-900 series risks.)
5. The CPA reviews MI-WIC generated risks and adds any additional risks. For all risk criteria assigned by the CPA, the supporting information shall be apparent upon review of the client's record:
 - a. Nutrition and health assessment
 - b. Growth charts
 - c. Prenatal weight gain grid
 - d. Notes in the client record
6. If any indicated risk, including high risk, IS NOT applicable, based on discussion with the client, the CPA will assign the risk and then document the reason the risk is not applicable in the Notes section of the client's record. At each certification visit, risk applicability will be assessed.

7. Self-Reported Medical Conditions:
 - a. If a diagnosed condition is self-reported by a client, the CPA shall validate and document the presence of the condition. Validation related to the self-reported professional diagnosis may include:
 - i. Whether the condition is being managed by a medical professional.
 - ii. Name and contact information for that medical professional (to allow communication and verification if necessary).
 - iii. Whether it is being controlled by diet, medication, or other therapy.
 - iv. The type of medication that has been prescribed.
 - b. If after assessing the CPA is not certain that a diagnosed condition exists, the local agency shall contact the client's health care provider for verification.
 - c. Self-reporting for "history of..." conditions shall be treated in the same manner as self-reporting for current conditions requiring a physician's diagnosis.
 - d. Self-diagnosis of a current or past medical diagnosis without any reference to a professional diagnosis is not acceptable.
8. Presence of a medical disorder diagnosed, documented or reported by a licensed physician or other health care professional working under a physician's order may be accepted as meeting the medical definitions and/or cut-off values in Policy 2.13A WIC Nutrition Risk Criteria.

Medical nutrition conditions under treatment by non-traditional health care providers, such as shamans, medicine men or women, acupuncturists, chiropractors or holistic health advisors shall be validated by licensed physicians or staff working under physician's orders to be assigned as a risk.
9. All risks identified with a plus (+) sign indicate a high risk. CPAs will offer high risk clients nutrition counseling (NCRD) with the registered dietitian (R.D.) and document refusal. (See Policies 5.05 Required Services for High Risk Clients and 6.02 Referrals.) Best practice includes documenting reason for refusal in the Notes section. CPAs shall review client records for an existing care plan and may document status on Care Plan Problem List or Follow-up notes as appropriate.
10. If no other risk criteria are applicable, all women, infants and children up to 5 years of age who meet WIC eligibility requirements of income, category and residency status should be presumed to be eligible for WIC based on risk criteria "Failure to meet the U.S. Dietary Guidelines." (See Policies 2.01 Eligibility/Certification of Clients and 2.13A Michigan Risk Criteria 401, 411, and 428.)
11. If a waiting list exists, clients who have 100, 200 or 300 risk codes will be certified. Clients who have only 400-900 risks will be placed on the waiting list. (See Policy 3.02 Waiting List Maintenance.)
12. CPAs use the health/nutrition assessment to assure appropriate provision of WIC nutrition service benefits:
 - a. Food package
 - b. Breastfeeding promotion and support
 - c. Nutrition education
 - d. High risk nutrition counseling
 - e. Drug and substance abuse information

f. Referrals

B. GUIDANCE

The MDCH WIC Health and Diet Questions (forms DCH-1314-DCH-1315, DCH-1316, DCH-1317, DCH-1318 and DCH-1319) may be used for all WIC clients whenever the MI-WIC system is unavailable, or at the local agency's discretion.

References:

Federal Regulations: CFR 246.1, 246.2, 246.7

Institute of Medicine: Committee on Dietary Risk Assessment in the WIC Program. Washington (DC): National Academy Press; 2002

MI-WIC Risk Help, October, 2013

USDA: Guidance for Providing Quality WIC Nutrition Services during Extended Certification Periods, August 29, 2011

USDA Policy Memorandum 2011-5, WIC Nutrition Risk Criteria

USDA Policy Memo 2008-4, WIC Nutrition Services Documentation, July 3, 2008

USDA Policy Memo 2006-5, Value Enhanced Nutrition Assessment (VENA) – WIC Nutrition Assessment Policy

Cross References:

- 1.07 Local Agency Staffing
- 2.01 Eligibility/Certification of Clients
- 2.14 Risk Determination: Health and Diet Questions
- 2.15 Anthropometric Risk Determination
- 2.16 Hematological Risk Determination
- 3.02 Waiting List Maintenance
- 5.05 Required Services for High Risk Clients
- 6.02 Referral

Exhibits:

- 2.13A Michigan Risk Criteria
- 2.13B State-Designated Nutritional High Risk Conditions by WIC Status
Client Assessment Reference (CAR) Tool